

AWMD / WEMM

JUN 04 2010

**RECEIVED**

May 28, 2010

U.S. EPA Region 7  
AWMD/RESP  
901 N. Fifth Street  
Kansas City, KS 66101

**RE: 2009 Hazardous Waste Report  
TPI Iowa LLC  
EPA ID Number IAR005510156**

To whom it may concern:

Under the cover of this letter please find a 2009 Hazardous Waste Report that has been completed for TPI Iowa LLC.

TPI Iowa LLC received its EPA ID Number in August 2008, at which time it was designated as a Small Quantity Generator. A recent internal audit of TPI's hazardous waste management program revealed that the Large Quantity Generator (LQG) threshold was surpassed during 2009. As such, TPI has made the appropriate adjustments to its hazardous waste management program to ensure that we are meeting all applicable LQG requirements, including the preparation and submission of the attached report.

If you have any questions regarding this report or about TPI Iowa LLC's hazardous waste management program, please do not hesitate to contact me at (401) 247-4096 or by e-mail at [dlloyd@tpicomposites.com](mailto:dlloyd@tpicomposites.com).

Sincerely,

David Lloyd, CSP  
Corporate EHS Engineer

Attachments

Cc: Mark Parriott  
Regene Anderson

498414




RCRA

*BRState*  
RCRAINFO data entered

by *TAK/CT*

on JUN 04 2010

JUN 16 2010 *Qcdgt*

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup in <u>one or more months</u> of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	EPA ID Number <u>I</u> <u>A</u> <u>R</u> <u>0</u> <u>0</u> <u>0</u> <u>5</u> <u>1</u> <u>0</u> <u>1</u> <u>5</u> <u>6</u>		
<b>3. Site Name</b>	Name: TPI Iowa LLC		
<b>4. Site Location Information</b>	Street Address: 2300 N 33rd Avenue East City, Town, or Village: Newton County: Jasper State: Iowa Country: USA Zip Code: 50208		
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <u>3</u> <u>2</u> <u>6</u> <u>1</u> <u>3</u> <u>0</u> C. <u>F</u> <u>0</u> <u>0</u> <u>3</u> B. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> D. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		
<b>7. Site Mailing Address</b>	Street or P.O. Box: 2300 N 33rd Avenue East City, Town, or Village: Newton State: Iowa Country: Jasper Zip Code: 50208		
<b>8. Site Contact Person</b>	First Name: David MI: E Last: Lloyd Title: Corporate EHS Engineer Street or P.O. Box: 373 Market Street City, Town or Village: Warren State: RI Country: Bristol Zip Code: 02885 Email: dlloyd@tpicomposites.com Phone: 401-247-4096 Ext.: Fax: 401-247-4669		
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: OPUS Northwest LLC Date Became Owner: 11/01/2007 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 10350 Bren Road West City, Town, or Village: Minnetonka Phone: State: MN Country: Zip Code: 55343 B. Name of Site's Operator: TPI Iowa LLC Date Became Operator: July 25, 2008 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**  
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste permit is required for these activities.Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace**  
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒**1. Used Oil Transporter**  
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**  
If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**  
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications



**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

- ☐ a. College or University  
☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university  
☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Waste**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D035	F003	F005	U002	

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


EPA ID Number I A R 0 0 0 5 1 0 1 5 6

OMB#: 2050-0024; Expires 11/30/2011

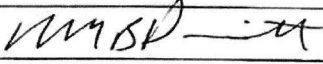
**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Mark Parriott, General Manager	May 28, 2010

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: TPI Iowa LLC

EPA ID Number I A R 0 0 0 5 1 0 1 5 6

GM  
FORMU.S. ENVIRONMENTAL  
PROTECTION AGENCY

2009 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste description: Rags and wipes that were used with acetone for surface cleaning associated with manufacturing activities.		
	B. EPA hazardous waste code(s) F 0 0 3 D 0 0 1		
C. State hazardous waste code(s)			
D. Source code G 0 1 Management Method code for Source code G25 H		E. Form code W 2 1 1	F. Quantity generated in 2009 1 2 7 0 0 0 UOM 1 Density lbs/gal sg
		G. Waste minimization code X	

<b>Sec. 2</b>	Was any of this waste managed on site?
	<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2009	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2009
H		H	

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?		
	<input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped W I D 9 9 0 8 2 9 4 7 5	C. Off-site Management Method code shipped to H 0 4 0	D. Total quantity shipped in 2009 1 2 7 0 0 0
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to H	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to H	D. Total quantity shipped in 2009

Comments:

Source Code G09 - General manual cleaning of manufactured articles.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: TPI Iowa LLC

EPA ID Number I A R 0 0 0 5 1 0 1 5 6

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2009 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

Sec. 1 A. Waste description: Waste acetone from cleaning operations associated with manufacturing activities

B. EPA hazardous waste code(s)

F 0 0 3 D 0 0 1 U 0 0 2

C. State hazardous waste code(s)

D. Source code

G 0 1

E. Form code

W 2 1 1

F. Quantity generated in 2009

5 5 0 5 0 0

G. Waste  
minimization code

X

Management Method code for Source code G25

H

UOM 1

Density lbs/gal sg

Sec. 2 Was any of this waste managed on site?

- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)  
☒ No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2009

H

## ON-SITE PROCESS SYSTEM 2

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2009

H

Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒ Yes (CONTINUE TO ITEM B)  
☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

W I D 9 9 0 8 2 9 4 7 5

C. Off-site Management  
Method code shipped to

H 0 2 0

D. Total quantity shipped in 2009

5 5 0 5 0 0

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

H

D. Total quantity shipped in 2009

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

H

D. Total quantity shipped in 2009

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: TPI Iowa LLC

EPA ID Number I A R 0 0 0 5 1 0 1 5 6

GM  
FORMU.S. ENVIRONMENTAL  
PROTECTION AGENCY

2009 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste description: Waste acetone from cleaning operations associated with manufacturing activities		
B. EPA hazardous waste code(s) F 0 0 3 D 0 0 1 U 0 0 2		C. State hazardous waste code(s) 	
D. Source code G 0 1 Management Method code for Source code G25 H		E. Form code W 2 0 3	F. Quantity generated in 2009         5 5 0 5 0   0 UOM 1 Density                   lbs/gal     sg
G. Waste minimization code X			

<b>Sec. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)
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ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2009	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2009
H		H	

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped W I D 9 9 0 8 2 9 4 7 5	C. Off-site Management Method code shipped to H 0 6 1	D. Total quantity shipped in 2009         5 5 0 5 0   0
Site 2	B. EPA ID No. of facility to which waste was shipped 	C. Off-site Management Method code shipped to H	D. Total quantity shipped in 2009 
Site 3	B. EPA ID No. of facility to which waste was shipped 	C. Off-site Management Method code shipped to H	D. Total quantity shipped in 2009 

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: TPI Iowa LLC

EPA ID Number I A R 0 0 0 5 1 0 1 5 6

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2009 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

Sec. 1 A. Waste description: Waste acetone and methyl ethyl ketone

B. EPA hazardous waste code(s)

F 0 0 3 F 0 0 5 D 0 0 1

C. State hazardous waste code(s)

D. Source code

G 0 9

E. Form code

W 2 0 3

F. Quantity generated in 2009

1 0 0 1 0 0

G. Waste  
minimization code

X

Management Method code for Source code G25

H

UOM 1

Density lbs/gal sg

Sec. 2 Was any of this waste managed on site?

- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)  
☒ No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2009

H

## ON-SITE PROCESS SYSTEM 2

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2009

H

Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒ Yes (CONTINUE TO ITEM B)  
☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

K Y D 0 5 3 3 4 8 1 0 8

C. Off-site Management  
Method code shipped to

H 0 6 1

D. Total quantity shipped in 2009

1 0 0 1 0 0

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

H

D. Total quantity shipped in 2009

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

H

D. Total quantity shipped in 2009

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: TPI Iowa LLC

EPA ID Number I A R 0 0 0 5 1 0 1 5 6

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2009 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

## Sec. 1

A. Waste description: Waste rags and PPE with methyl ethyl ketone and acetone

B. EPA hazardous waste code(s)

D 0 0 1 F 0 0 3 F 0 0 5

C. State hazardous waste code(s)

D. Source code

G 0 9

E. Form code

W 3 1 9

F. Quantity generated in 2009

9 0 0 0

G. Waste  
minimization code

X

Management Method code for Source code G25

H

UOM 1

Density lbs/gal sg

## Sec. 2

Was any of this waste managed on site?

- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)  
☒ No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2009

H

## ON-SITE PROCESS SYSTEM 2

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2009

H

## Sec. 3

A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒ Yes (CONTINUE TO ITEM B)  
☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

K Y D 0 5 3 3 4 8 1 0 8

C. Off-site Management  
Method code shipped to

H 0 6 1

D. Total quantity shipped in 2009

9 0 0 0

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

H

D. Total quantity shipped in 2009

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

H

D. Total quantity shipped in 2009

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: TPI Iowa LLC

EPA ID Number I A R 0 0 0 5 1 0 1 5 6

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2009 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT**Sec. 1** A. Waste description: Off-spec/contaminated epoxy hardener

B. EPA hazardous waste code(s)

D 0 0 2

C. State hazardous waste code(s)

D. Source code

G 1 1

E. Form code

W 1 1 0

F. Quantity generated in 2009

3 8 5 0

G. Waste  
minimization code

X

Management Method code for Source code G25

H

UOM 1

Density lbs/gal sg

**Sec. 2** Was any of this waste managed on site?

- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)  
☒ No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2009

H

## ON-SITE PROCESS SYSTEM 2

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2009

H

**Sec. 3** A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒ Yes (CONTINUE TO ITEM B)  
☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

I L D 9 8 0 6 1 3 9 1 3

C. Off-site Management  
Method code shipped to

H 1 3 2

D. Total quantity shipped in 2009

3 8 5 0

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

H

D. Total quantity shipped in 2009

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

H

D. Total quantity shipped in 2009

Comments: